

Rhode Island Long-Term-Care Spending: Where Do the \$\$\$\$ Go?

FY2002

A Report of the Rhode Island Long-Term-Care-Coordinating
Lt. Governor Charles J. Fogarty, *Chairman*

6th Edition

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Introduction and Overview

In this sixth edition of **RI Long-Term-Care Spending: Where do the \$\$\$\$ Go?** actual long-term-care spending and selected performance data for elders and persons with disabilities for FY2002 (July 1, 2001 to June 30, 2002) from four different state departments which fund components of the state long-term-care service system is presented. Data presentation mirrors past reports with spending categorized into the broad areas of institutional care, home-and community-based care and regulatory/selected administrative expenses. Data is also provided for long-term-care-related services, such as transportation and pharmaceutical assistance, available to many long-term-care service users, especially those who remain living in the community.

The report shows year-to-year spending and performance data comparisons with FY2001. It also includes an overview of state long-term-care spending by major categories going back to FY1997, the first year that the Long-Term-Care Coordinating Council (the Council) issued this report, as well as performance data on service utilization going back to FY1998. A final feature of the report is the inclusion of capacity data for licensed long-term-care service providers.

The report shows that spending on home-and community-based care continues to increase at a higher rate percentage-wise than that of the other two spending categories. However, in terms of absolute dollars, the increase in dollars spent on institutional care continues to significantly surpass increases in the amounts spent for home-and community-based services. Of particular note is the slow but continued upward shift in the proportion of spending on home-and community-based care. Spending in this category reached nine percent for FY2002. This is particularly significant because institutional spending in FY2002 included \$8.6 million in additional Medicaid funding to support a "wage pass through" for compensation for direct care workers in nursing facilities.

The report shows a dramatic nine percent decrease over the most recent four-year period in the number of annual Medicaid-funded nursing home bed days with concurrent major increases in several types of home and community care services. This finding points to major progress in achieving the Council's goal of providing greater balance and more options for consumers in the state's long-term-care service system.

The purpose of this report remains constant – to provide key state decision-makers in the legislature and administration with useful information to help them assess current and consider future long-term-care financing strategy.

As in past years, the report does not include funds spent for services for developmentally disabled (DD) persons as these services have generally not been examined by the Council. Funds spent for the chronically mentally ill, other than those spent by the Eleanor Slater Hospital (ESH), are also not included. It should be noted that some national reports on long-term-care spending do include funds spent for services for persons with DD and community services for the mentally ill and may, therefore, show different data especially in the proportion of long-term-care funds spent for home and community care. The report also does not capture funds spent through the Medicare system, by third-party insurers or privately by individuals.

Acknowledgement: *This report was prepared by a Budget Work Group of the Long-Term-Care Coordinating Council that included: Barbara Muzeni, Elderly Affairs (DEA); Michael Martineau, Health (DOH); Dianne Kayala, Human Services (DHS); and Frances O'Connell, Mental Health, Retardation and Hospitals (MHRH). Data on individual departmental expenditures and service utilization was provided by department staff and subsequently aggregated and analyzed by Council staff. We extend sincere thanks to the members of the Work Group for their efforts in assisting to prepare this report.*

Lt. Governor Charles J. Fogarty, *Chairman*
Maureen Maigret, *Executive Director*

FY 2002 Total Long-Term-Care Spending

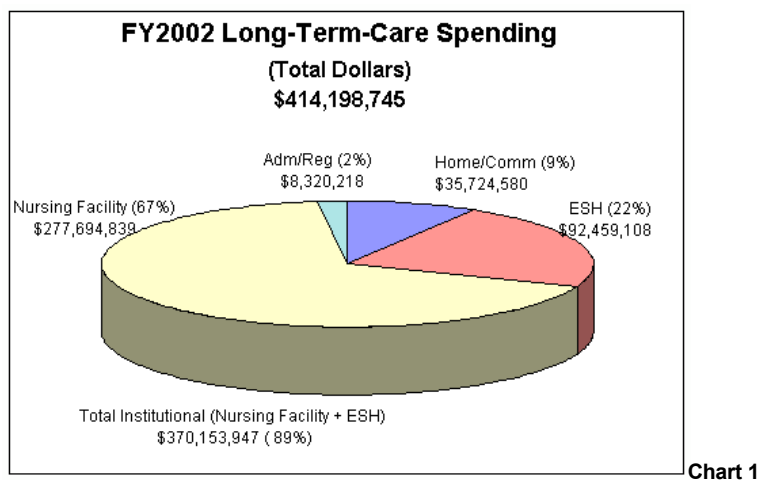
Total FY 2002 Long-Term-Care Spending

\$414,198,745 (state and federal)

5% increase from FY 2001 (\$22,216,584)

51% Federal, 49% State

80% Spent on Elderly



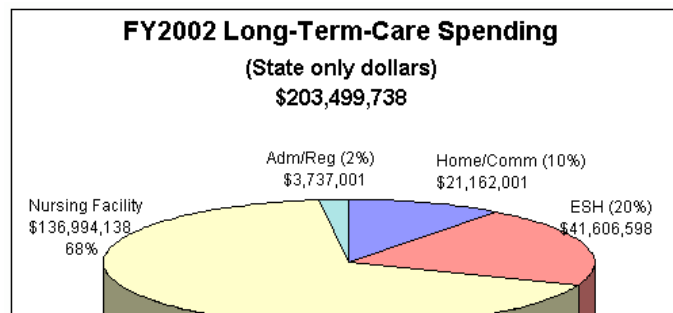
FY 2002 Long-Term-Care Spending (State only)

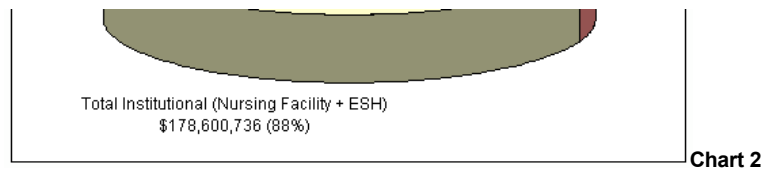
FY 2002 Long-Term-Care Spending (State)

\$203,499,738

7% increase from FY 2001 (\$11,938,234)

81% Spent on Elderly





Institutional Care: \$370,153,947 Spent in FY2002

- 89% of total long-term-care dollars spent on institutional care
- 67% of total long-term-care spending on nursing facility-type care
- 22% of total long-term-care spending on Eleanor Slater Hospital (ESH)
- 5% increase in institutional level long-term-care spending (\$17,511,919)
- 7% increase in ESH long-term care spending (\$5,696,652)
- 4% increase in all types of nursing facility spending (\$11,815,267)
- 4% increase in Medicaid-funded nursing facility spending (\$10,550,450)
- 2,409,845 DHS-funded Medicaid nursing home bed days (-2% decrease)
- 11,611 persons received DHS-funded nursing home, 13 less than FY2001
- Medicaid nursing home cost per bed day: \$103.37 (4% increase)
- 17% decrease in ESH long-term care days provided
- ESH cost per long-term care bed day: \$749

Institutional care spending - Of the total dollars spent in FY 2002, 89% (\$370,153,947) went for institutional level care. This represents a modest one percent decrease from the FY 2001 ratio of 90% and a 5% increase in total spending in this category from FY2001.

Federal dollars equaled 52% of the institutional funds spent, a one percent decrease from FY2001 and 81% of the dollars went to elders, a one percent increase from FY2001.

Of the total amount spent for institutional level care in FY 2002, 75% was spent on nursing facility-type care (\$277,694,839), and 25% on hospital level care at the state's Eleanor Slater Hospital (ESH) including adult, psychiatric long-term care (\$92,459,108). These ratios are unchanged from FY2001.

ESH spending increased by 7% (\$5,696,652) from FY2001. ESH long-term care bed days decreased by 17% (18,817 care days). The reduction in bed days was a result of efforts to reduce the census by relocating patients from ESH to community care settings after careful evaluation and assessment of clinical need. Cost per ESH long-term care bed day was \$749.

Nursing Facility Spending - Total nursing facility spending increased by 4% as did the subcategory for Medicaid NF spending which increased by \$10,550,450. This increase was largely driven as a result of the direct-care staff compensation "pass through" of \$8.6 million provided in Budget Article 13. This reversed the trend from FY2001 which saw a 4% decrease for NF spending from the prior year. Veteran's Home spending increased by 10% (\$1,698,489) and spending for care provided at the Tavares Pediatric Center decreased by 11% (\$433,672). Although there was a slight decrease (-2%) in DHS-funded nursing home bed days, the number of persons provided with DHS-funded nursing home care was about level with the prior year. Cost per Medicaid-funded nursing home bed day was \$103.37, a 4% increase.

Home and Community Care: \$35,724,580 Spent in FY2002

- 9% of total long-term-care spending for home and community care
- 12% increase in home and community-care spending (\$4.2 million)
- DHS assisted living waiver program reached funded capacity (200 persons)
- DHS SSI payments for assisted living increased \$740,304 (16%)
- DHS aging/disabled waiver program spending increased \$773,516 (6%)
- Slight spending decreases for DEA home care waiver and co-pay home care
- Adult day services (combined) increased spending by 24% (\$623,462)
- 463 more persons served in home care programs, a 12.5% increase
- DHS Home Care Waiver Total Cost per Client Year - \$7,885
- DEA Home Care Waiver Total Cost per Client Year - \$6,296
- DEA Home Care Co-pay Total Cost per Client Year - \$1,776
- 13% increase in months of use of the SSI assisted-living supplement
- 184 more persons used the Medicaid assisted living waiver
- DHS Medicaid assisted living services cost per day - \$33.10
- 789 persons used state-funded adult day care, a 13% increase

- 77,399 adult day care days subsidized, a 16% increase
- DHS Adult day care total cost per client day - \$35.80
- DEA Adult day care co-pay client cost per day - \$30.28
- 578 persons received subsidized respite care
- 5,199 persons received home-delivered meals, a 6% decrease*

(*DEA reports the decrease was due to a decrease in total resources available to Meals on Wheels, the home-delivered meals provider, and not due to a decrease in demand for service.)

In FY2002 spending for home and community care services increased 12% (\$4.2 million) to a total of \$35,724,580. This included a provider rate increase ranging from 2.5% to 2.98% to be used for direct care staff compensation purposes.

Home Care Spending - The DHS waiver program for the aged and persons with disabilities continues to comprise the largest portion (39%) of home-and community-care spending and had expenditures of \$14,050,842 in FY2002. While this was a 6% increase (\$773,516) over FY 2001, its growth was much slower than the prior year. The program served 1,782 persons, 21% more than in FY2001, with an average cost of \$7,885 and 410 hours of service per year (about 8 hours/week) provided. This was a decrease of \$1,104 per year in average cost per client from FY2001 and a decrease from 493 hours of care annually.

The DEA home care waiver and co-pay programs saw modest decreases in spending growth at -1% and -7% respectively. The DEA home care waiver program served 424 persons -- 19% more than in FY2001 -- with an average per-person cost of \$6,292, which was \$1,219 less than FY2001 average per client cost, and an average of 307 hours of service per year, seven hours more than the prior year. The DEA Co-pay home care program served 1,072 persons--a 1.7% decrease from the prior year--at an average per-person cost of \$1,776 and 147 hours of service per year, a very slight increase of two hours per year per person from FY2001.

Assisted Living -- Spending for the DHS SSI enhanced assisted-living program increased 16 percent (\$549,990) in FY2002. Although data regarding the actual numbers of persons using this program annually are not available, the monthly cost estimate per client on the program was \$540 with an estimated 8,753 months of care subsidized, a 13% increase. Spending for the DHS Medicaid waiver for assisted living grew from \$358,005 in FY2001 to \$2,042,201 as the program reached its funded capacity of 200 persons by the end of the fiscal year. A total of 248 persons were provided with 61,705 days of care in assisted living residences under this program, a 408% increase in service days from FY2001. Total cost estimate per resident/month was \$993. The DEA assisted living waiver program decreased spending by 56% with only 12 persons served. This decrease followed a 46% decrease in the prior year. Staff attribute the decline in the use of this program to a preference for using the DHS program as it allows for private rooms which the DEA program generally does not allow.

Adult Day Services - Total spending across DHS and DEA for adult day care, including adult day care grants, increased by \$646,554 (24%) from FY2001 to FY2002. This was driven by a 28% spending increase (\$409,044) in DHS state plan covered adult day care spending. The numbers of persons using DHS-funded adult day care increased from 355 to 400 (13%), 37% percent more care days were provided, and 25% of the users were below age 65 years, about the same as previously. Annual per client cost was \$3,602 with daily average cost of \$35.80.

The DEA co-pay program served 389 persons, a 13% increase; however, the number of service days provided -- 37,162 -- remained relatively level with the prior year. The annual cost per client was \$2,893 with a \$30.28 cost per client day.

Other Community Programs and Services - Other funding increases in FY2002 included: a \$394,177 increase (23%) in DHS waiver services for paraplegics, which followed a 63% increase for FY2001; an 11% increase for Medicaid-funded hospice (\$110,505) and a 3% increase in funding (\$49,515) for the DEA home-delivered meals program which served 5,199 persons, 328 less (6%) than in FY2001. Spending for DHS-funded services for the visually impaired decreased by \$69,355 (21%) in FY2002. In FY2002, DEA implemented a new automated data collection program for its respite care services. Due to the difference in data collection methods, comparisons to prior years may not be completely accurate. However, the data do show that the number of DEA-funded facility-based respite days increased by 1003 days from the prior year.

Regulatory/Selected Administrative Services: \$8,320,218 Spent in FY2002

- 99 Annual Nursing Facility surveys
- 83 Follow-up Nursing Facility surveys
- 45 Assisted Living surveys
- 26 Assisted Living follow-up surveys
- 27 Home nursing care provider surveys
- 9 Home care provider surveys
- 525 Nursing facility abuse complaints logged in
- 492 Nursing facility abuse complaints investigated
- 83 Assisted living complaints (all types) logged in
- 70 Assisted-living complaints investigated
- Total number of complaints received by Facilities Regulation: 1091
- case management (DEA) provided to 2400 persons

Spending on regulatory and certain administrative expenses related to access services (eligibility, screening and assessment) increased by about \$.5 million (6%) from FY 2001 to FY 2002. This was primarily the result of a \$352,252 (12%) increase in HEALTH regulatory spending. The regulatory and administrative category represented 2% of FY 2002 state long-term-care spending, the same ratio as FY2001.

The number of elders receiving DEA-funded long-term-care case management services increased 19% from 2,021 to 2400 and the number of DEA protective services clients served increased slightly from 1,976 to 2001.

Funding for the long-term-care ombudsman program increased by 11% (\$50,134) in FY2002 and Medicaid long-term-care eligibility services increased by \$138,025 (3%).

From FY1998 to FY2001 there was a significant increase (97%) in the number of complaints of nursing home abuse reported and in the number of complaints of all types logged in for assisted living residences (193%). From FY2001 to FY2002, however, the number of reports of nursing home abuse and assisted living complaints leveled off.

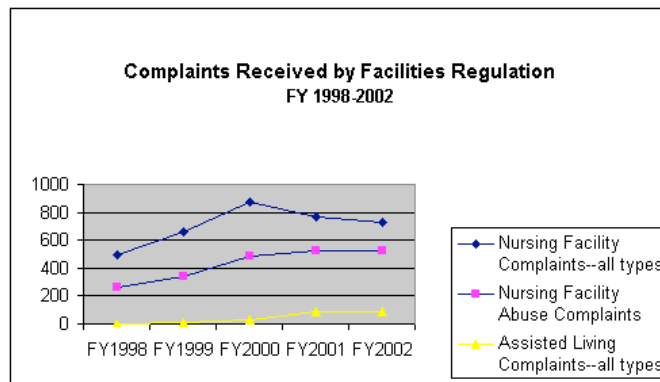


Chart 3

Long-Term-Care-Licensed Provider Supply. The number of licensed long-term-care providers remained relatively stable in FY2002. While there was one less licensed nursing facility (NF), there were five more licensed NF beds. Assisted living capacity increased by one residence and 22 units. There were three additional home nursing care providers and four less home care providers.

Table 1 below contains data on the number and types of licensed long-term-care providers for the period FY1998 TO FY2002.) During this period, nursing facilities had a modest capacity decrease of 4% with the actual number of nursing home beds decreasing by 6%. This decrease in capacity was accompanied by a decline in occupancy rates from 92.07% to 88.9%. Average facility bed size decreased very slightly during this time period.

Assisted living residences showed a significant increase in capacity with the number of residences increasing by 23% and the number of assisted living units increasing by 56%. The average residence size also increased by 20% (8.3 units).

While the number of home nursing care providers decreased 24% from the 1997 base year, current capacity of 50 providers has remained fairly constant since 1998. However, the number of home care providers has decreased by 53% since 1998.

The number of adult day service providers increased slightly during this time.

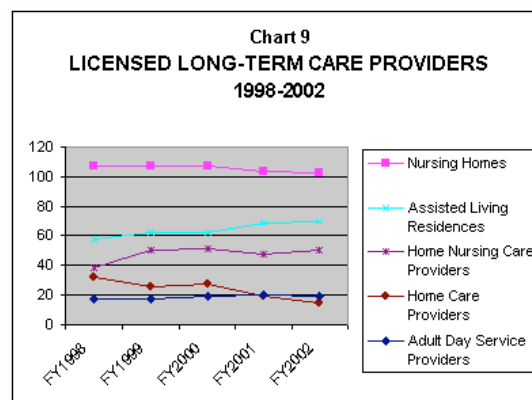


Table 1. Licensed Long-Term Care Providers

	FY1998	FY1999	FY2000	FY2001	FY2002
Nursing Facilities	107	107	107	104	103
Number of beds	10878	10670	10712	10257	10262
Average beds/facility	102	99.7	100.1	98.6	99.6
Occupancy Rate*	92.07%	90.1%	90.55%	90.41%	88.9%
Assisted Living Residences	57	62	66	69	70
Number of units	2165	2472	3018	3296	3372
Average units/residence	39.9	43.4	48.7	48.6	48.2
Home Nursing Care Providers	38	50	51	47	50
Home Care Providers	32	25	27	19	15
Adult Day Service Programs**	17	17	19	20	19
Total Client Capacity					707
Average Client Capacity					37

*source: DHS who tracks occupancy rate based on Calendar year. Figure for 2002 is for the first six months of year

**source: DEA. This services is licensed by DEA and this is the first year this information was obtained. Several programs may report higher total census than total capacity as some clients do not come on a daily basis.

Long-Term-Care Resources Per Older Population	RI^a	USA
Population 65+	152,402	34,991,753
Population 85+	20,897	4,239,587
Licensed Nursing Home Beds/1000 Age 65+	67	54 ^b
Licensed Nursing Home Beds/1000 Age 85+	491	420 ^c
Licensed Assisted Living Units/1000 Age 65+	22.2	26 ^d
Home Nursing Care Agencies/1000 Age 65+	.3	.47 ^d

Certified Adult Day Service Providers/1000 Age 65+	.12	.16 ^d
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Long-Term-Care-Related Service: \$22,980,050 Expended in 2002

In FY 2002, \$22,980,050 was spent on long-term-care-related support services, a 10% increase (\$2,026,277) from FY 2001. The 19% spending increase (\$1,940,715) for the DEA Pharmaceutical Assistance Program for the Elderly (RIPAE) accounted for 96% of the total dollar increase. While this represented significant growth in expenditures for RIPAE, percentage-wise the RIPAE increase was only half the 37% increase experienced by this program from FY2000 to FY2001.

Other notable changes from FY2001 spending included: a 26% increase in DHS-funded ambulance services (\$193,289), attributed by staff to a new 'ambulance-wheelchair' van service for non-emergency medical transportation which began in January 2002; a 10% increase (\$123,677) in DEA protective services, which brought spending back to the FY2000 level following an 8% decrease from FY2001; and a 9% decrease (\$304,364) in DHS-funded skilled nursing and other therapies. Federal dollars accounted for 24% of long-term-care related spending.

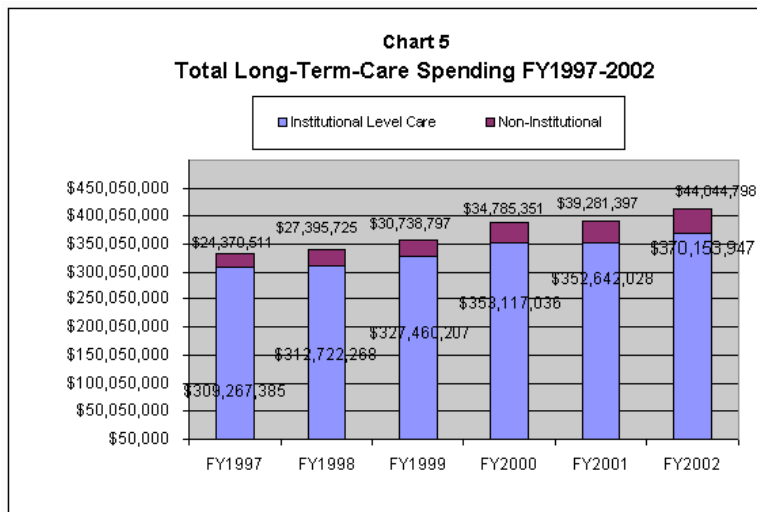
a. RI figures are based on 2000 Census data and FY2002 state licensed provider data obtained for this report

b. AARP Policy Institute, Across the States Profiles of Long-Term Care 2002, 5th Edition

c. Computed by dividing number of certified nursing homes reported in Cowles Research Group *2001 Nursing Home Statistical Yearbook* divided by number of persons age 65+ and 85+ (in 000's) reported in 2000 US Census

d. Charlene Harrington, James. H. Swain, Valerie Wellin, Wendy Clemena and Helen M Carrillo, Department of Social and Behavior Sciences, University of California, San Francisco, *1998 State Data Book on Long-Term Care Program and Market Characteristics*, November 1999.

FY1997 to FY2002 Long-Term-Care Spending and Service Utilization



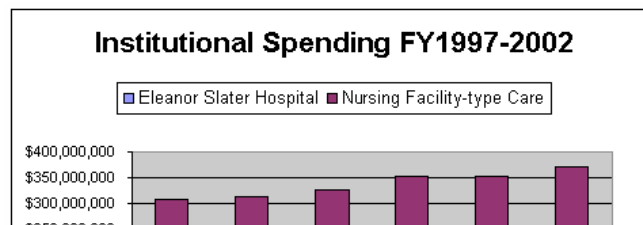
From FY1997 to FY2002 total long-term-care

spending increased 24%

Spending Trends

For the five-year period FY 1997 to FY 2002, total long-term-care spending increased by 24% (\$80,560,849) for an average annual growth rate of 4.42%. (During the five-year period, CY1997-2001, the national CPI-U increased 12.3%). Institutional care, which increased by 20% (\$60,886,562), had the largest total dollar increase and this increase represented 76% of the dollar increase for the five-year period. Within the institutional spending category, nursing facility-type spending increased by \$40,220,769 (17%) which represented 50% of the total dollar increase. Long-term-care spending at the Eleanor Slater Hospital (ESH) increased by 29% (\$20,665,793) and represented 6% of the dollar increase. Table 3 on page 23 shows spending by category for the five years.

From FY1997-FY2002 Institutional spending increased by 20%



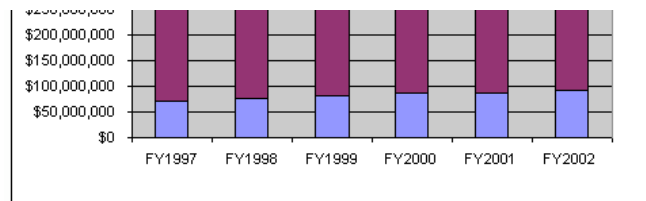


Chart 6

From FY1997 to FY2002 Home and Community-Care Spending increased by 107%

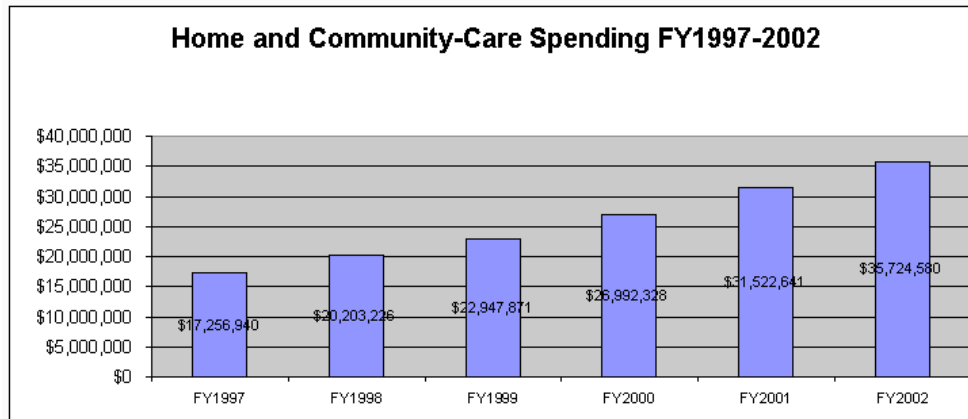
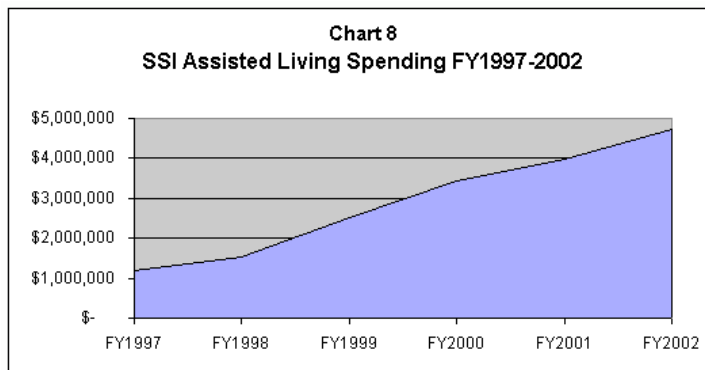


Chart 7

With a 107% spending increase (\$18,467,640), the home and community-care service category had the largest increase percentage-wise over the five-year period with many individual service types gaining significant percentage spending increases. DHS aging/disabled waiver home care spending increased 70% (\$5,806,609); DEA co-pay home spending increased 378% (\$1,505,481); SSI assisted living increased 295% (\$3,528,421); spending for adult day services increased 101% (\$1,988,056); respite care spending increased 70% (\$174,750) and spending for home-delivered meals increased by 36% (\$391,065).

From FY 1997 to FY 2002 SSI Assisted Living Spending Increased by 295%.



(In FY1999 the amount of the state supplement increased by \$250 per month)

The regulatory/selected administrative spending category increased by 17% (\$1,206,647) during the five years with HEALTH's regulatory component increasing by 51% (\$1,017,376).

Spending for long-term-care related services increased by 27% (\$2,436,334). This was due to the significant increase of \$4,657,340 in the state pharmaceutical assistance program for the elderly which was expanded during these years to add additional drugs and a component to include middle-income elders. It should be noted that RIPAE spending represents gross dollars as the rebate generated from drug manufacturers, which was \$2.734 million in Calendar Year 2001, is not factored in as it is counted as revenue to the general fund.

Service Utilization Trends

Institutional services decline and home and community service programs make significant gains.

For purposes of this report, performance data begins with FY1998 as that is the first year such data was collected. As noted in Table 2 below, for the first half of the four-year period, long-term-care bed days paid for at the state ESH increased slightly. However, in FY2001 the number of ESH long-term-care bed days funded started to decline. This decline accelerated in FY2002 when the total number of long-term care bed days decreased by 17% (18,817 days) from the prior year.

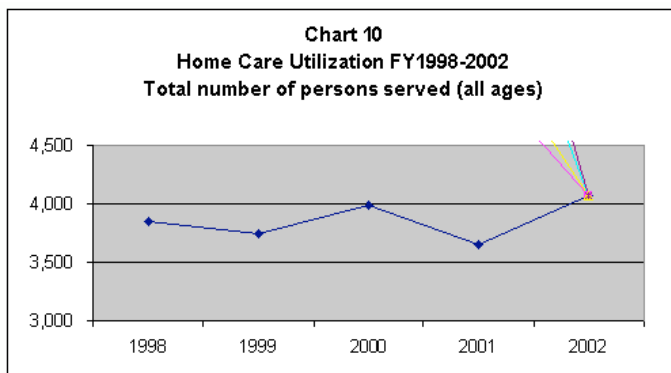
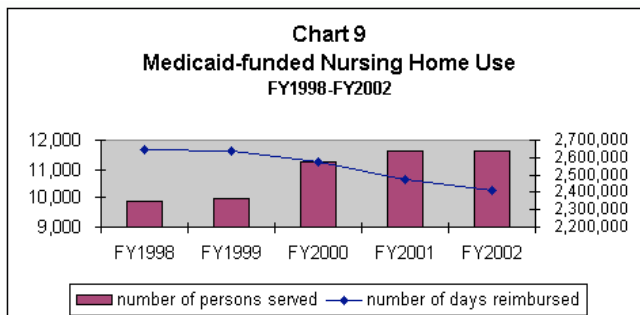
Table 2. Eleanor Slater Hospital Long-term Care Bed Days

(does not include any psychiatric bed days)

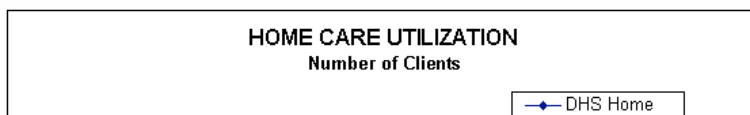
	FY1998	FY1999	FY2000	FY2001	FY2002
ESH Total number of Long-term care bed days	106,045	106,097	113,718	112,098	93,901

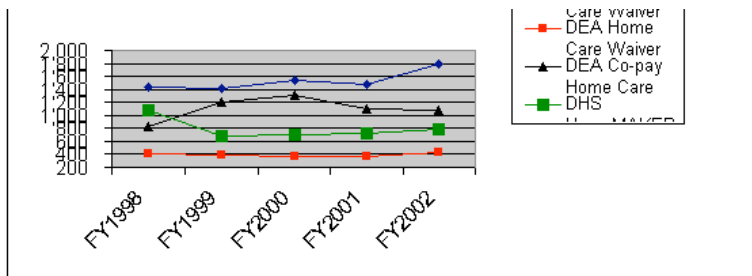
As shown in Chart 9, over the four-year period there has been a steady downward trend in the number of Medicaid-funded nursing home bed days being used with Medicaid-reimbursed nursing home days decreasing by 9% over the four year period. This is occurring at the same time that the numbers of persons per year using Medicaid-funded nursing homes rose by 17%. During this same time period, nursing home occupancy has decreased (See Table 1 on page 13).

Although formal studies have not been done, several factors may be at play here. State policy, as advocated by the Council, has supported greater access to home and community services by increasing reimbursement rates for providers of home care and adult day services which serves as an incentive to increase access for low-income consumers. In recent years, the state has also been providing full funding for its state subsidized co-pay home and adult day support program thus avoiding waiting lists previously experienced in this program that led some lower-income elders to access nursing home care. In FY1999, a substantial increase in the state SSI enhanced payment for assisted living was implemented in order to encourage providers to accept more persons on SSI. The increase in numbers of months of service for these persons indicates the policy was successful. In addition, in FY1999 the state began a new assisted living waiver program. This program reached its funded-capacity in 2002 and it currently has a waiting list. Another contributing factor may be the significant rise in the number of units of assisted living available and the intensive marketing programs conducted by some of these providers to fill new residences and maintain occupancy rates of existing programs. As elder persons become frail they may be choosing to use personal resources to pay for assisted living rather than nursing home care until such time as their care needs exceed the service delivery ability of assisted living or they spend down their personal resources and seek state support for nursing home care.



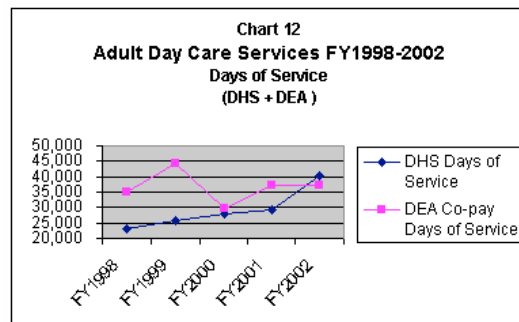
As shown in Charts 10 and 11, home care programs saw moderate service increases. The total number of persons served across all programs increased by 8.4%, going from 3,847 to 4,170 persons, and the number of hours of care increased by 20%. Within program types there were some more dramatic increases. The DHS home care waiver program continues to be the largest home care program. It had a 25% increase in number of persons served—from 1,430 to 1,782—and provided 33% more hours of care. However, there was a 26% decrease in the number of persons using DHS homemaker services.





The number of persons served in the DEA home care co-pay program increased by 29%—going from 829 to 1,072 persons—and it provided 65% more care hours over the four years. However, there was a major service peak in the FY2000 period when 1,306 persons were served. This may have been somewhat related to some elders switching to this state-funded program as a result of Medicare home care changes caused by the federal Balanced Budget Act of 1997. Although DEA co-pay home care service use grew substantially during this time, the number of persons using the DEA home care waiver and in-home services programs was more stable. Combined, these programs served some 400-500 persons per year and saw a 3.2% increase and a 3% decrease in persons served over the four-year period.

The total number of persons receiving state-subsidized adult day services increased by 32% (193 persons) with the biggest gain in DHS state-plan adult day services which had a 79% increase. The total number of adult day care days provided had a comparable increase of 33%. While the DEA adult day



co-pay program saw big gains in FY1999 and 2000, since then the number of persons in this program has dropped significantly and the 389 persons served in FY2002 is close to its FY1998

service level of 373 persons. DEA staff note that the decrease in adult day services paid for under the DEA co-pay program and corresponding increase in Medicaid state-plan funded adult day services is due to the liberalization of Medicaid income eligibility to 100% of the federal poverty level that occurred in the FY2001 budget.

Subsidized assisted living services experienced major growth in the time period. Although detailed data on the actual numbers of persons using the assisted living SSI state supplement are not available; based on payment data tracked since FY2000, the number of subsidized months of service increased by 17% over the two-year period FY2000-2002.

A new "DHS-Rhode Island Housing" Assisted Living waiver program started in FY1999 provided additional options for eligible elders and persons with disabilities. This program reached its funded capacity of 200 persons at the end of FY2002 and as of December 2002, there were 34 persons on a waiting list to access this program.

Other community-support services also increased over the four-year period. The numbers of persons served by Meals on Wheels increased 12%; however, between FY2001 and FY2002, 328 fewer persons were served, a 6% decrease. Program staff report that this decrease relates to resource issues and not a lack of demand for service as a waiting list for service is ongoing. The number of persons receiving DEA case management services for home-community care assessment and care monitoring increased from 1,555 to 2400 (54%). There was also a significant 26% increase in the number of persons receiving DEA protective services (elder abuse and self-neglect

casework) which peaked at 2001 persons in FY2002. While respite services have increased over the four years in terms of hours of care and number of facility-based days of respite provided, due to data collection method changes made in FY2002 we do not have reliable data comparisons on the number of unduplicated persons using the service.

Table 3
Long-Term-Care Spending (FY1997 – FY 2002)

	FY1997	FY1998	FY1999	FY2000	FY2001	FY2002	Change
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	Expended	Expended	Expended	Expended	Expended	Expended	FY97-2002 Diff
Institutional Level Care	\$309,267,385	\$319,066,403	\$327,460,207	\$353,117,036	\$352,642,028	\$370,153,947	20%
Eleanor Slater Hospital	71,793,315	81,951,419	80,675,935	87,156,549	86,762,456	92,459,108	29%
Nursing Facility Care	237,474,070	237,114,984	246,784,272	265,960,487	265,879,572	277,694,839	17%
DHS Medicaid Nursing Home	219,865,644	218,607,288	226,987,089	245,635,457	244,595,039	255,145,489	16%
Home and Community Care	17,256,940	20,203,226	22,947,871	26,992,328	31,522,641	35,724,580	107%
DHS Aging/Disabled Waiver	8,244,233	9,192,906	9,188,226	10,920,733	13,277,326	14,050,842	70%
DEA Home Care Waiver	1,392,740	1,399,124	1,604,507	1,905,741	2,683,004	2,669,484	92%
DEA Home Care Co-pay	397954	866290	1,407,017	1,907,511	2,027,191	1,903,435	378%
DHS SSI Assisted Living	1,198,001	1,528,000	2,514,920	3,436,128	3,986,118	4,726,422	295%
DHS/DEA Assisted Living Waiver*			159,886	280,416	\$431,250	\$2,077,510	1199%
Adult Day Care (DHS+DEA)**	1,328,027	2,613,495	2,826,371	2,961,749	2,669,529	3,316,083	101%
Respite Care	249,650	256,650	399,650	417,331	419,991	424,400	70%
Home-delivered Meals	1,082,071	1,139,055	1,178,605	1,354,879	1,423,621	1,473,136	36%
Reg/Selected Adm	7,113,571	7,192,499	7,790,926	7,793,023	7,758,756	8,320,218	17%
HEALTH Regulatory Activity	2,004,400	1,908,312	2,343,655	2,610,449	2,669,524	3,021,776	51%
TOTAL	\$333,637,896	\$346,462,128	\$358,199,004	\$387,902,387	\$391,923,425	\$414,198,745	24%
Long-Term-Care Related Services	\$18,046,555	\$19,595,674	\$17,906,917	\$18,101,132	\$20,482,889	22,980,050	27%
RIPAE	7,263,271	7,544,806	6,289,814	7,264,535	9,979,896	\$11,920,611	64%
*Program began this year							
**Includes DEA Co-pay and agency grant funds							